

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re: * Case No. 13-54502
Wanda Wright * Judge: HOFFMAN
Debtor * CH 7

**AMENDMENT TO PETITION, SCHEDULES, CREDITOR MATRIX AND/OR
STATEMENT OF AFFAIRS PURSUANT TO BANKRUPTCY RULE 1009**

The attachments hereto amend the following:

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F
☐ G ☐ H ☒ I ☒ J ☐ Matrix
☐ Other:

Debtor represents that the amendments attached contain full and true statements of facts set forth therein, as required by the provisions of Title 11 U.S.C. and Bankruptcy Rules relating to the debtor.

Debtor amends Schedules I & J to update monthly income and expenses at the time of conversion.

Debtor certifies under penalty of perjury that the foregoing is true and correct.

/s/ Wanda Wright
Wanda Wright

Fill in this information to identify your case:

Debtor 1 Wanda Rena Wright

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-54502
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Disabled

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ N/A

Debtor 1 **Wanda Rena Wright**

Case number (if known) **2:13-bk-54502**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ 0.00	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ N/A	
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ N/A	
5d. Required repayments of retirement fund loans	\$ 0.00	\$ N/A	
5e. Insurance	\$ 0.00	\$ N/A	
5f. Domestic support obligations	\$ 0.00	\$ N/A	
5g. Union dues	\$ 0.00	\$ N/A	
5h. Other deductions. Specify:	\$ 0.00	\$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 0.00	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ N/A	
8b. Interest and dividends	\$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ N/A	
8d. Unemployment compensation	\$ 0.00	\$ N/A	
8e. Social Security	\$ 2,030.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Assistance for Granddaughter	\$ 273.00	\$ N/A	
8g. Pension or retirement income	\$ 0.00	\$ N/A	
8h. Other monthly income. Specify: Son Contribution	\$ 300.00	\$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 2,603.00	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 2,603.00	\$ N/A	= \$ 2,603.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:			
	11. +\$	0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and <i>Related Data</i> , if it applies	12. \$ 2,603.00		
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: None known at this time.			

Fill in this information to identify your case:

Debtor 1 Wanda Rena Wright

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-54502
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Grandson	1	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Grandaughter	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Granddaughter	6	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	Adult	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	Adult	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 981.75

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 50.00

4d. \$ 0.00

5. \$ 0.00

Debtor 1 **Wanda Rena Wright**

Case number (if known) **2:13-bk-54502**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>225.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>70.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>800.00</u>
8. Childcare and children's education costs	8. \$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>120.00</u>
10. Personal care products and services	10. \$	<u>50.00</u>
11. Medical and dental expenses	11. \$	<u>75.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>250.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>0.00</u>
14. Charitable contributions and religious donations	14. \$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Anticipated IRS Payment		
	16. \$	<u>100.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	<u>0.00</u>
19. Other payments you make to support others who do not live with you.		
	\$	<u>0.00</u>
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: _____	21. +\$	<u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<u>2,796.75</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>2,603.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>2,796.75</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	<u>-193.75</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.		
Explain: <div style="border: 1px solid black; padding: 5px; display: inline-block;">None known at this time.</div>		

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing AMENDMENT TO PETITION, SCHEDULES, CREDITOR MATRIX AND/OR STATEMENT OF AFFAIRS PURSUANT TO BANKRUPTCY RULE 1009 was/were served on September 22, 2015, in the manner specified below:

Parties in interest served electronically through the court's ECF System at the email address registered with the court:

Asst. U.S. Trustee
Susan L. Rhiel
Bethany Hamilton
Edward H. Cahill
Brian M. Gianangeli

Parties in interest served via U.S. Mail:

Wanda Wright
2706 Raphael Dr.
Columbus, OH 43232

/s/ Michael A. Cox
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